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IMPORTANT NOTICE

TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark Office
Examiner: Michael J. Stahl
Art Unit: 2874

DATE: March 30, 2004

FROM: Lawrence J. McClure

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 8

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MESSAGE:

RE: U.S. Patent Application Serial No.: 09/821,539; Our Ref. 81880.0096

I hereby certify that the following documents:

- Amendment
- Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

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Rhonda Hurt

TELECOPY/FAX NUMBER: 703-872-9306 - Art Unit 2874

CLIENT NUMBER: 81880.0096

ATTORNEY BILLING NUMBER: 1966

CONFIRMATION NUMBER: (703) 305-1520 (please return fax to Diane Zynn)

FORM PTO-1083

81880.0096

Patent Application No. 09/821,539

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Tsuyoshi TANAKA et al.

Serial No: 09/821,539

Filed: March 28, 2001

For: OPTICAL DEVICE MODULE

Art Unit: 2874

Examiner: Michael J. Stahl

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

I hereby certify that this correspondence is
being transmitted via facsimile to
(703) 872-9306:

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450 on

March 30, 2004

Date of Deposit

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03/30/04

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The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	12	-	20	**	0	LG=\$18 SM=\$9 \$ 0
INDEPENDENT CLAIMS FEE	2	-	3	***	0	LG=\$86 SM=\$43 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$145	\$ 0
Independent Claims: 2, 3					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.

☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. A copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:

Lawrence J. McClure

Registration No. 44,228

Attorney for Applicant(s)

Date: March 30, 2004

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Appl. No. 09/821,539
Amdt. Dated March 30, 2004
Reply to Office Action of December 30, 2003

Attorney Docket No. 81880.0096
Customer No.: 26021

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In re application of:
Tsuyoshi TANAKA et al.

Serial No: 09/821,539

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Art Unit: 2874

Examiner: Michael J. Stahl

AMENDMENT UNDER 37 C.F.R. § 1.116

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Commissioner for Patents
P.O. Box 1450
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Alexandria, VA 22313-1450 on

March 30, 2004

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Rhonda Hurt

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Signature

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Dear Sir:

In response to the Final Office Action dated December 30, 2003, please
amend the above-referenced application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.